

Pesticide Consultant (PC) License Application



OREGON
DEPARTMENT OF
AGRICULTURE

Pesticides Program
503.986.4635

Instructions:

- Complete this form to apply for a new license, add a license category to your existing license, or renew your license. Required fields are indicated with an asterisk (*). Electronic signatures will not be accepted (wet ink only).
- If you have not been issued a Social Security Number by the US Social Security Administration, additional documentation is required. Please contact ODA for more information.
- Submit completed application to the secure fax or mailing address listed at the bottom of the form. To protect your information, do not submit via email.
 - » By default, applications received January 1 through November 16 will be processed for the current calendar year (Note: License will expire December 31 of the current calendar year). License applications for the following calendar year are accepted beginning on November 17. See below if you are applying for a new pesticide consultant license from November 17 through December 31.
 - » Please allow 2 to 4 weeks for processing of completed applications.

Important: This license application is for individuals that offer or supply technical advice or recommendations to users of Restricted Use Pesticides (RUPs). Additionally, licensed pesticide consultants with the Demonstration and Research license category may make pesticide applications for research or experimental purposes. Note: An [Experimental Use Permit \(EUP\)](#) may also be required for research uses.

Questions? Please contact the ODA Pesticides Program at 503.986.4635.

New PC License Applicants (Nov. 17 - Dec. 31 Only)

Important: This section only applies to individuals who passed the minimum number of exams to qualify for a pesticide consultant license from November 17 through December 31 of this year and who were not already certified through the end of this year. If you were licensed as a pesticide consultant this year, please skip this section.

If you meet the conditions above and we receive your license application before the new year, by default your application will be held and processed in early January. This will allow you to be issued a full five-year certification period starting January 1 of next year. You may opt-out of this default procedure by checking the box below.

- ☐ **Opt-out:** I do not want to wait until January 1. Please issue my license as soon as possible. I need a license for the remainder of this year through next year. I understand that my certification period will be shorter than five years.

Reciprocal License Applications

Please check the box below if you are seeking to obtain an Oregon license based entirely or in part upon your pesticide license in another state. More information about reciprocal licensing is available on the [ODA website](#).

- ☐ I am applying for a reciprocal license in Oregon based upon an out-of-state license. I will be providing additional documentation described on the ODA website.

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1. Applicant Information

Legal Name (Last, First, M.I.):*			
Existing PC license # (if renewing):			
Mailing Address:*			
City, State, ZIP Code:*			
Home Address (Physical Only)*	<input type="checkbox"/> Home address is the same as my mailing address.		
City, State, ZIP Code:*			
Personal Phone:*		Direct Email:	

ODA performs outreach on new or proposed laws and regulations, on emergent issues, and solicits feedback over email. We strongly recommend providing your email address.

2. Employer Information

Business Name:*			
Address:*			
City, State, ZIP Code:*			
Phone (Main Contact Person):*		Direct Email:*	
Employer Type:*	My employer is an Indian tribe <input type="checkbox"/> Yes <input type="checkbox"/> No or a business entity of an Indian tribe.		

3. Signature

- I agree under penalty of perjury that the information on this application is true and correct.
- I agree to comply with all laws and regulations pertaining to this license.
- I understand that the demonstration and research license category is required to make pesticide applications to demonstration plots or for research purposes with this license.
- I understand that an experimental use permit may be required to apply pesticides for research purposes.
- I will immediately notify the Oregon Department of Agriculture if any of the information on this application changes.

Signature (wet ink only):*		Date:*	
Date of Birth (MM/DD/YY):*		Social Security No:*	

4. License Category*

Please select the license category that you qualify for and would like to have on your license.

Note: The Pesticide Consultant license can be issued or renewed without a license category.

<input type="checkbox"/> Demonstration & Research		
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5. Annual License Fee*

	Situation (choose only one)	Base Fee	Add license category	Total Fee#
<input type="checkbox"/>	New license or license renewal	\$40.00	\$0.00 each	
<input type="checkbox"/>	Add a category to my active license	N/A	\$0.00 each	

#In some browsers this field is automatically calculated based on the situation you select above.

6. Payment and Submission

Submission options depend on your method of payment. To protect your information, do not email this form to ODA. **Emailed applications electronic signatures will not be accepted.**

For checks or money orders, mail via U.S. Postal Service to:
Oregon Department of Agriculture
PO Box 4395 Unit 17
Portland, OR 97208-4395

For credit card charges, complete below and mail or fax to:
Oregon Dept. of Agriculture
635 Capitol St. NE
Salem, OR 97301-2532
Secure Fax: 1.503.986.4746
Visa, MasterCard, Discover, and American Express Accepted

Make checks payable to: **Oregon Department of Agriculture**. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701.

Name of Cardholder		Phone	
Address of Cardholder			
City		ZIP Code	
Cardholder Signature			
Date (MM/DD/YYYY)		Total Charges	\$
Card Number		Expiration Date	

Receipt available for credit card payments ONLY. Print Email address or Fax #